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<b>SERIAL NUMBER</b> 10/678,543	<b>FILING OR 371(c) DATE</b> 10/03/2003 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 89976-2700
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## APPLICANTS

Pye Graham, Genk, BELGIUM;  
 Kerschbaumer Harald, Klaus, AUSTRIA;

\*\* CONTINUING DATA \*\*\*\*\*

None

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None PL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

12/30/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> BELGIUM	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 14	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>RL</u> Initials				

## ADDRESS

28765

## TITLE

Tooth shade scan system and method

<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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